

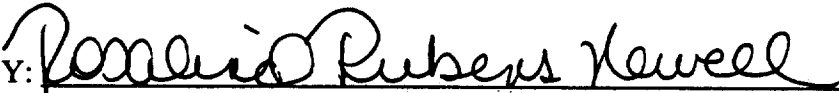
Entered - 08/14/01 - sb
CL01L0510 - DIANNE C. MITCHELL

CLAIM OF: JACQUELINE COOPER,
through her insurance carrier,
Progressive Insurance
P. O. Box 89440
Cleveland, Ohio 44101-6440

01-*R*-1378

For damages alleged to have been sustained as a result of a vehicular
accident on June 1, 2001 at 23 Claire Drive, SW.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0510

Date: August 16, 2001

Claimant /Victim JACQUELINE COOPER
BY: (Ins. Co.) Progressive Insurance Company
Address: P. O. Box 89440, Cleveland, Ohio 44101-6440
Subrogation: X Claim for Property damage \$ _____ Bodily Injury \$ 843.60
Date of Notice: 08/14/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 06/01/01 Place: 23 Claire Drive, SW
Department Public Works Division: Solid Waste
Employee involved Jesse Muhammad Disciplinary Action: _____

NATURE OF CLAIM: During a heavy rainfall the claimant was operating her vehicle without her headlights on and collided with the City vehicle as the driver of the same attempted to enter the roadway. The claimant's insurer is attempting to subrogate for benefits paid on medical bills incurred due to the above accident. Pursuant to O.C.G.A. §44-12-24, the subrogation of personal injury claims is not permitted. The claimant's insurer has been advised of the above.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver X
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint X Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-16-01
Committee Action: _____ Council Action _____

RECEIVED AUG 14 2001

MAHILL

July 30, 2001

Progressive Insurance
PO Box 89440
Cleveland, OH 44101-6440

RE:	Date of Loss:	06/01/01	
	Our Insured:	Jacqueline Cooper	ENTERED - 8-14-01 - SB
	Our Claim No.:	01-6540544RCK	01L0510 - DIANNE MITCHELL
	Injured Party/Client:	Jacqueline Cooper	
	Your Insured:	City of Atlanta	
	Your Claim/Policy No.:		
	Total Subrogation Balance:	\$ 843.60	

Please take this letter as formal notice of our subrogation rights with regards to the above-captioned claim. Progressive Insurance Company paid \$843.60 on behalf of our insured's medical bills incurred as a result of the above accident. These medical payments are reimbursable under the provisions of our insured's policy of insurance.

Also be advised this claim has been referred to Renee Knop in the subrogation department for further handling.

We ask at the time of settlement that a separate check in the amount of \$843.60 be issued to us directly. Please make your check payable to "Progressive Insurance, as subrogee of Jacqueline Cooper", in the amount stated above and mail it to the attention of the undersigned.

We ask that you sign and return a copy of this letter to us as acknowledgment of our lien.

Thank you in advance for your anticipated cooperation.

PROGRESSIVE INSURANCE COMPANY

Renee Knop
Subrogation Representative
877-818-0139 x67392

Enclosures

TO: PROGRESSIVE INSURANCE COMPANY

I am in receipt of your notice of lien, and by signing below do agree to protect said lien at time of settlement.

(Insurance Company Rep. signature)

(Date)

(Attorney/Insured signature)

(Date)

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